

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE  
APR 12 2005  
LINCOLN, NEBRASKA

*Stanley S. Cooper*  
STANLEY S. COOPER  
ASSISTANT STATE REGISTRAR  
HEALTH AND HUMAN SERVICES SYSTEM

STATE OF NEBRASKA — DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

98.06611

1. DECEDENT - NAME FIRST MIDDLE LAST Carl A. Mengedocht			2 SEX Male	3 DATE OF DEATH (Month Day Year) May 29, 1998
4 CITY AND STATE OF BIRTH (If not in U.S.A. name country) Rural Herman, Nebraska		5a AGE - Last Birthday (Yrs) 73	5b UNDER 1 YEAR 5c MOS DAYS 5d HOURS MINS	6 DATE OF BIRTH (Month Day Year) October 12, 1924
7. SOCIAL SECURITY NUMBER 505-46-7049		8a. PLACE OF DEATH HOSPITAL <input type="checkbox"/> Resident <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> <input type="checkbox"/> ER Outpatient <input checked="" type="checkbox"/> Residence <input type="checkbox"/> DCA <input type="checkbox"/> Other (Specify)		
8b. FACILITY - Name (If not institution, give street and number) 19855 County Road 11		8c. CITY TOWN OR LOCATION OF DEATH Herman		
9a. RESIDENCE - STATE Nebraska		9b. COUNTY Washington	9c. CITY TOWN OR LOCATION Herman	9d. STREET AND NUMBER (Including Zip Code) 19855 County Rd 11 68029
10. RACE - (e.g., White, Black, African Indian, etc.) (Specify) White		11. ANCESTRY (e.g., Italian, Mexican, German, etc.) (Specify) German	12. <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> NEVER MARRIED	13. NAME OF SPOUSE (If only give maiden name) None
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		14b. KIND OF BUSINESS INDUSTRY Farming	15. EDUCATION (Specify only highest grade completed) Elementary or Secondary (10-12) 8th College (1-4 or 5+)	
16. FATHER - NAME FIRST MIDDLE LAST Henry Mengedocht		17. MOTHER FIRST MIDDLE MAIDEN SURNAME Martha Blum		
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) No		19a. INFORMANT - NAME Jan Mengedocht		
19b. INFORMANT MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 19855 County Road 11 Herman, Nebraska 68029		20. EMBALMER - SIGNATURE & LICENSE NO. <i>R. A. Rozanek</i> #1155		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal		21b. DATE May 31, 1998	21c. CEMETERY OR CREMATORY NAME Herman Cemetery	
22a. FUNERAL HOME - NAME Rozanek and Son Colonial Chapel		22b. FUNERAL HOME ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 904 North Bell Street Fremont, Nebraska 68025		
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) CONGESTIVE HEART FAILURE DUE TO, OR AS A CONSEQUENCE OF (b) N/A DUE TO, OR AS A CONSEQUENCE OF (c) N/A		Interval between onset and death IMMEDIATE Interval between onset and death N/A Interval between onset and death N/A		
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related N/A		PART III IF FEMALE WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? (Ages 15-44) Yes <input type="checkbox"/> No <input type="checkbox"/> AUTOPSY Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
26a. <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Homicide Investigation	26b. DATE OF INJURY (Mo Day Yr) N/A	26c. HOUR OF INJURY N/A	26d. DESCRIBE HOW INJURY OCCURRED N/A	
27a. DATE OF DEATH (Mo Day Yr) N/A	27b. DATE SIGNED (Mo Day Yr) N/A	27c. TIME OF DEATH N/A	27d. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated (Signature and Title) <i>Stanley S. Cooper</i>	
28a. DATE SIGNED (Mo Day Yr) JUNE 11, 1998		28b. TIME OF DEATH UNKNOWN		28c. PRONOUNCED DEAD (Mo Day Yr) MAY 29, 1998
28d. PRONOUNCED DEAD (Mo Day Yr) MAY 29, 1998		28e. PRONOUNCED DEAD (Mo Day Yr) 9:56		28f. AM A M
29. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN		30a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30b. WAS CONSENT GRANTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
31. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) EDMOND E. TALBOT, III, COUNTY ATTORNEY, COURTHOUSE, 1555 COLFAX, BLAIR, N				
32a. REGISTRAR <i>Stanley S. Cooper</i>				
32b. DATE FILED BY REGISTRAR (Mo Day Yr) JUN 16 1998				

Government  
Exhibit

A

## Certification of Lack of Record

**To Whom it May Concern:**

I certify that the Commissioner of the Internal Revenue has custody of Federal tax record(s) filed in, or accessible from, the office at the following address:

**Street address**

1973 N RULON WHITE BLVD MS 7000

**City**

OGDEN

**State**

UT

**ZIP code**

84201

The Commissioner of Internal Revenue would have the Federal tax record(s) described below, or entry(ies) pertaining to such record(s), stored at or accessible from this address. I certify that, having made a diligent search for the described record(s), no such record(s) or entry(ies) pertaining to such record(s) was/were found.

### Description of Record(s) Sought

**Taxpayer identification information**
**Taxpayer name**

CARL A MENGEDOHT ESTATE

**Taxpayer Identification Number (SSN, TIN, or ITIN)**

505-46-7049V

**Street address**

19855 COUNTY ROAD 11

**City**

HERMAN

**State**

NE

**ZIP code**

68029

**Description of information sought**

FORM 706, US ESTATE TAX RETURN

**Period(s)**

DATE OF DEATH 5-29-1998

Affix IRS Seal here

Under authority of Commissioner Delegation Order 11-5 (or redelegation thereunder), I certify that the foregoing is true and correct, and I have signed this certification and affixed to it the seal of office of the Internal Revenue Service.

**Name**

JODY MECHAM

**Title**

SR DISCLOSURE SPECIALIST

**Signature**
**Date signed**

**Government  
Exhibit**

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*Jody Mecham*

*June 22, 2017*

**United States**



**of America**

**Department of the Treasury  
Internal Revenue Service**

Date: June 15, 2017

**CERTIFICATE OF OFFICIAL RECORD**

I certify that the annexed transcript(s) is(are) an exact transcript of the account of the Taxpayer named herein in respect to the taxes specified. It is a true and complete transcript for the period(s) stated of all assessments, abatements, credits, and refunds relating thereto as disclosed by the records of this office as of the date of this certification. It also contains a statement of all unidentified and advanced payments, if any, for the periods(s) stated.

**CARL A MENGEDOHT ESTATE**

For tax period(s)

Form 706

Certification of Assessment and Payments consisting of 3 page(s)  
under the custody of this office.

IN WITNESS WHEREOF, I have hereunto set my hand,  
and caused the seal of this office to be affixed, on the day  
and year first above written.

By direction of the Secretary of the Treasury:

A blue ink signature of Gina Y. Gann, Operations Manager, Accounting Control Services Operations, Cincinnati Submission Processing Center.

Gina Y. Gann, Operations Manager  
Accounting Control Services Operations  
Cincinnati Submission Processing Center



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 CERTIFICATE OF ASSESSMENTS, PAYMENTS, AND OTHER SPECIFIED MATTERS  
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CARL A MENGEDOHT ESTATE

EIN/SSN: 505-46-7049V

 TYPE OF TAX: U.S. ESTATE TAX RETURN  
 FORM: 706                      TAX PERIOD:

DATE	EXPLANATION OF TRANSACTION	ASSESSMENT, OTHER DEBITS (REVERSAL)	PAYMENT, CREDIT (REVERSAL)	ASSESSMENT DATE (23C, RAC 006 )
07-18-2005	SUBSTITUTE FOR RETURN 17999-999-99999-5 200530		0.00	08-08-2005
	ADDITIONAL TAX ASSESSED BY EXAMINATION AUDIT, CLOSED TO APPEALS PRIOR TO 90 DAY LETTER 17547-609-10100-9 20093108		0.00	08-17-2009
	FAILURE TO PAY TAX PENALTY 20111408	138,040.00		04-18-2011
	ADDITIONAL TAX ASSESSED BY EXAMINATION AGREED AUDIT DEFICIENCY PRIOR TO 30 OR 60 DAY LETTER ASED 20140425 17547-490-70000-1 20111408	552,159.00		04-18-2011
04-18-2011	RENUMBERED RETURN 17547-490-70000-1			
	MISCELLANEOUS PENALTY 17547-490-70000-1 20111408	400,315.00		04-18-2011
	INTEREST ASSESSED 20111408	1,064,866.90		04-18-2011
08-25-2011	INTENT TO LEVY COLLECTION DUE PROCESS NOTICE LEVY NOTICE ISSUED			

FORM 4340 (REV. 01-2002)

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 CERTIFICATE OF ASSESSMENTS, PAYMENTS, AND OTHER SPECIFIED MATTERS  
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CARL A MENGEDOHT ESTATE

EIN/SSN: 505-46-7049V

TYPE OF TAX: U.S. ESTATE TAX RETURN  
 FORM: 706 TAX PERIOD:

DATE	EXPLANATION OF TRANSACTION	ASSESSMENT, OTHER DEBITS (REVERSAL)	PAYMENT, CREDIT (REVERSAL)	ASSESSMENT DATE (23C, RAC 006 )
09-09-2011	INTENT TO LEVY COLLECTION DUE PROCESS NOTICE COLL DUE PROCESS NOTICE REFUSED/UNCLAIMED			
10-06-2011	LIEN CDP NOTICE			
10-26-2011	FEDERAL TAX LIEN			
11-21-2011	FEES AND COLLECTION COSTS		12.00	
05-05-2015	LEGAL SUIT PENDING			
04-18-2011	Statutory Notice of Balance Due			
05-23-2011	Statutory Notice of Intent to Levy			
10-29-2012	Statutory Notice of Balance Due			
11-04-2013	Statutory Notice of Balance Due			

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CERTIFICATE OF ASSESSMENTS, PAYMENTS, AND OTHER SPECIFIED MATTERS

CARL A MENGEDOHT ESTATE

EIN/SSN: 505-46-7049V

TYPE OF TAX: U.S. ESTATE TAX RETURN  
FORM: 706 TAX PERIOD:

BALANCE 2,155,392.90

I CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE TAXPAYER NAMED ABOVE IN RESPECT TO THE TAXES SPECIFIED IS A TRUE AND COMPLETE TRANSCRIPT FOR THE PERIOD STATED, AND ALL ASSESSMENTS, ABATEMENTS, CREDITS, REFUNDS, AND ADVANCE OR UNIDENTIFIED PAYMENTS, AND THE ASSESSED BALANCE RELATING THERETO, AS DISCLOSED BY THE RECORDS OF THIS OFFICE AS OF THE ACCOUNT STATUS DATE ARE SHOWN THEREIN. I FURTHER CERTIFY THAT THE OTHER SPECIFIED MATTERS SET FORTH IN THIS TRANSCRIPT APPEAR IN THE OFFICIAL RECORDS OF THE INTERNAL REVENUE SERVICE.

SIGNATURE OF CERTIFYING OFFICER: 

PRINT NAME: GINA GANN

TITLE: OPERATIONS MANAGER, ACCOUNTING CONTROL/SERVICES

DELEGATION ORDER: D.O. II-5

LOCATION: INTERNAL REVENUE SERVICE

ACCOUNT STATUS DATE 06/14/2017

FORM 4340 (REV. 01-2002)

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